

2014 SHAVER'S CREEK Summer Camp Registration

Please complete **both** sides of this form, print clearly, and use a **separate form for each child**. You may photocopy this form for additional registrations. Return camp registration forms and payment by fax or mail (see above). Forms are processed in the order they are received. Phone and online registrations cannot be accepted at this time. **Full payment is required at the time of registration.** Nonmembers can join below or at www.ShaversCreek.org/join.

Yearly Membership Levels	
<input type="checkbox"/> Cast of Falcons	\$35
<input type="checkbox"/> Kettle of Hawks	\$120
<input type="checkbox"/> Parliament of Owls	\$365
<input type="checkbox"/> Aerie of Eagles	\$1,000+

Shaver's Creek Membership Sign-up or Renewal

Are you currently a member at Shaver's Creek? Yes No Expiration: Dec. 31, 20__

If you are renewing or joining to receive the discounted member camp fee, please check the box of your desired membership level at left, and choose a payment method:

- Check to "Penn State—Shaver's Creek" for **membership** amount of \$_____ enclosed.*
 Charge my **membership** amount of \$_____ to the credit card below. (separate from camp fees)

For more information about membership, or to join online, visit www.ShaversCreek.org/join

Please choose one session in which to enroll your child. Use additional forms for additional sessions. Enrollment per session is limited. Payment in full is required with each registration. **Camp fees are nonrefundable.**

Please note: **Both Discovery/Explorer 5-Day Camps** (July 14–18 and July 28–August 1) are **FULL—no waitlist**

Discovery/Explorer 4-Day Camps

Discovery • Ages 6–8

Explorer • Ages 9–11

\$150 nonmembers/\$120 members

- June 17–20 July 22–25
 June 24–27 August 5–8

Wee Wonderers Camp • Ages 4–5

\$75 nonmembers/\$60 members

- July 1–3 (FULL—no waitlist)

Wild About Art • Ages 12–14

\$150 nonmembers/\$120 members

- June 30–July 3

Rock'n River Adventures • Ages 12–15

\$380 nonmembers/\$330 members (incl. transportation)

- June 23–27 *Note: June 16–20, July 14–18, and
July 21–25 are FULL—no waitlist*
 July 7–11

Aquatic Adventures • Ages 12–14

\$150 nonmembers/\$120 members

- July 22–25 (FULL—no waitlist)

Scholarships are available; email ShaversCreek@outreach.psu.edu for more info.

Camper's last name _____

First name _____

Camper's Penn State ID no.* OR Social Security no.* _____

*The Social Security number (SSN) you provide for enrollment purposes, or when requesting specific services, will be used by the University to verify your identity for official record keeping and reporting. If you choose not to supply your SSN, certain services—such as transcripts, enrollment verification, tax reporting, and financial aid—may not be available to you, and Penn State cannot guarantee a complete academic record for you. Your SSN will be stored in a central system and used only as a primary source to identify you within the Penn State system; the Penn State ID will be used as the primary identifier.

What grade will the camper be entering next fall? _____ What is the camper's age? _____ Are you a returning camper? Yes No

You may list ONE same-aged child with whom you would like your child to be grouped: _____

We compile a list of families who are interested in carpooling. Would you like to be included on and receive this list? Yes No

May your camper have Benadryl administered for bee stings? Yes No What is your camper's swimming ability? Beginner Intermediate Advanced

Does your camper have any physical or emotional conditions of which our staff should be aware, such as asthma, allergies, ADD/ADHD?

(Please call the Shaver's Creek camp director at 814-863-2000 if your camper will need special accommodations or if you have questions regarding physical access.)

Release (required for participation):

I, the undersigned, as parent or guardian of _____, a minor, ask that he/she be admitted to participate in the Summer Camps program sponsored by The Pennsylvania State University. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless The Pennsylvania State University, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at one of the Summer Camps or in the course of activities held in connection with the Summer Camps.

Additionally, I give my permission for him/her to be photographed, videotaped, and/or audiotaped while participating in Shaver's Creek programs. I understand that the images may be used by Shaver's Creek to promote programs.

Signature of parent/guardian _____

Date _____

Parent/guardian email address _____

By checking this box I agree to allow Penn State to use this email address to communicate with me about this program (required for email confirmation)

Payment option (please choose one):

- Check to "Penn State" for **camp total** is enclosed.*
 Charge the **camp total** to my credit card at right.

*Membership fees and camp payment must be separate checks

Payment in full is required with each registration.

Camp fee total (from chosen session above; nonrefundable) \$ _____

Summer Camp T-shirt size (please choose only one):

Youth S M L Adult S M L (price included in camp)

Name on card (print)

Signature

Cardholder's email address (to receive payment confirmation)

Card no.

_____/_____
Expiration date

Penn State University Youth Program Health Services Medical Treatment Authorization

Personal Information

Camper's Last Name _____ First Name _____ Birthdate _____ M F
 Specify camp your child will be attending (from front) _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Email Address _____
 Parent/Guardian #1 _____ Parent/Guardian #2 _____
 Daytime Phone _____ Daytime Phone _____
 Place of employment _____ Place of employment _____
 Health Insurance Carrier _____ Policy Number _____
 Plan Number _____ Is physician authorization needed? Yes No
 Name of Family Physician _____ Phone _____

In case of emergency, please notify

If neither parent or guardian is available in an emergency, please contact:

1. _____ Phone _____
 2. _____ Phone _____

Health History [Please check and provide approximate dates that camper suffered from allergies and other conditions listed below]

Allergies

Hay Fever Bee/Wasp Stings Insect Stings Penicillin Peanut Other Food/Drugs: _____

Other

Asthma Diabetes Convulsions Concussion Behavioral/Emotional Other: _____

Date of most recent tetanus immunization: _____

Please list any **major** past illnesses (contagious and non-contagious): _____

Please list any **major** operations or serious injuries (include dates): _____

Has the youth ever been hospitalized? _____

Does the youth have any chronic or recurring illness? _____

Is there anything else in youth's health history that the camp staff should know? _____

Are there any activities from which the youth should be restricted? _____

Are there any specific activities that should be encouraged? _____

Does the youth have any special dietary restrictions? No Yes If YES, explain: _____

Does the youth wear any medical appliances (glasses, contact lenses, orthodonture, etc.)? No Yes If YES, explain: _____

List of all medications taken regularly: _____

Penn State program officials will not dispense over-the-counter (OTC) or prescription medications to participants. Participants will be allowed to possess and take OTC and prescription medications on their own if permission is granted in writing by the parent(s)/legal guardians(s). Both OTC and prescription medications must be in their original containers and listed above.

I hereby authorize the clinical staff of University Health Services or other licensed practitioner of the healing arts, acting within the scope of his or her practice under State law to provide medical care that includes routine diagnostic procedures (e.g., x-rays, blood and urine tests) and medical treatment as necessary to my minor daughter/ son/dependent. I understand that the consent and authorization herein granted does not include major surgical procedures and are valid only during the youth camp/program/event.

In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency and if I cannot be reached, I give my consent for physicians and staff at University Health Services or other licensed practitioners of the healing arts to perform any necessary emergency treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider. I understand that University Health Services does charge for services and that it is my responsibility to pay the bill. As applicable, I am responsible to submit any claims to my health insurance company for reimbursement. I authorize The Pennsylvania State University to receive medical/billing information and submit it to the University's insurance carrier.

HIPAA

Penn State honors the privacy of the participants in its programs and complies with the national regulations regarding health information. Follow this computer link to the University Health Services Notice of Privacy Practices: <http://bit.ly/UHSprivacy>

I understand that, unless specifically stated otherwise in the Penn State youth camp/program/event literature, The Pennsylvania State University does not provide medical insurance to cover emergency care or medical treatment of my child.

Parent's/ legal guardian's name (please print) _____ Signature _____
 Date: _____